

Foster Family Home - Corrective Action Report

Provider ID: 5-110046

Home Name: Shallee Erorita, CNA

Review ID: 5-110046-6

4011 Lawehana Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 6/4/2019

Foster Family Home

Required Certificate

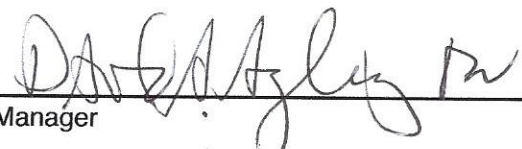
[11-800-6]

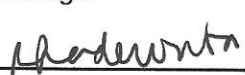
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/4/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

6/4/19
Date

6/4/19
Date